

EXHIBIT A

State of Alabama Unified Judicial System Form ARCiv-93 Rev. 9/18	COVER SHEET CIRCUIT COURT - CIVIL CASE (Not For Domestic Relations Cases)	Case: 63 TUSCALOOSA COUNTY, ALABAMA MAGARIA HAMNER BOBO, CLE Date of Filing: 08/05/2020 Judge Code:
GENERAL INFORMATION		
IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY, ALABAMA BARBARA LONG v. LINCOLN NATIONAL LIFE INSURANCE COMPANY ET AL		
First Plaintiff: <input type="checkbox"/> Business <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Other		
First Defendant: <input checked="" type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Other		
NATURE OF SUIT: Select primary cause of action, by checking box (check only one) that best characterizes your action:		
TORTS: PERSONAL INJURY <input type="checkbox"/> WDEA - Wrongful Death <input type="checkbox"/> TONG - Negligence: General <input type="checkbox"/> TOMV - Negligence: Motor Vehicle <input type="checkbox"/> TOWA - Wantonness <input type="checkbox"/> TOPL - Product Liability/AEMLD <input type="checkbox"/> TOMM - Malpractice-Medical <input type="checkbox"/> TOLM - Malpractice-Legal <input type="checkbox"/> TOOM - Malpractice-Other <input checked="" type="checkbox"/> TBFM - Fraud/Bad Faith/Misrepresentation <input type="checkbox"/> TOXX - Other: _____	OTHER CIVIL FILINGS (cont'd) <input type="checkbox"/> MSXX - Birth/Death Certificate Modification/Bond Forfeiture Appeal/ Enforcement of Agency Subpoena/Petition to Preserve <input type="checkbox"/> CVRT - Civil Rights <input type="checkbox"/> COND - Condemnation/Eminent Domain/Right-of-Way <input type="checkbox"/> CTMP - Contempt of Court <input type="checkbox"/> CONT - Contract/Ejectment/Writ of Seizure <input type="checkbox"/> TOCN - Conversion <input type="checkbox"/> EQND - Equity Non-Damages Actions/Declaratory Judgment/ Injunction Election Contest/Quiet Title/Sale For Division <input type="checkbox"/> CVUD - Eviction Appeal/Unlawful Detainer <input type="checkbox"/> FORJ - Foreign Judgment <input type="checkbox"/> FORF - Fruits of Crime Forfeiture <input type="checkbox"/> MSHC - Habeas Corpus/Extraordinary Writ/Mandamus/Prohibition <input type="checkbox"/> PFAB - Protection From Abuse <input type="checkbox"/> EPFA - Elder Protection From Abuse <input type="checkbox"/> FELA - Railroad/Seaman (FELA) <input type="checkbox"/> RPRO - Real Property <input type="checkbox"/> WTEG - Will/Trust/Estate/Guardianship/Conservatorship <input type="checkbox"/> COMP - Workers' Compensation <input type="checkbox"/> CVXX - Miscellaneous Circuit Civil Case	
TORTS: PERSONAL INJURY <input type="checkbox"/> TOPE - Personal Property <input type="checkbox"/> TORE - Real Property	OTHER CIVIL FILINGS <input type="checkbox"/> ABAN - Abandoned Automobile <input type="checkbox"/> ACCT - Account & Nonmortgage <input type="checkbox"/> APAA - Administrative Agency Appeal <input type="checkbox"/> ADPA - Administrative Procedure Act <input type="checkbox"/> ANPS - Adults in Need of Protective Services	
ORIGIN: F <input checked="" type="checkbox"/> INITIAL FILING R <input type="checkbox"/> REMANDED A <input type="checkbox"/> APPEAL FROM DISTRICT COURT T <input type="checkbox"/> TRANSFERRED FROM OTHER CIRCUIT COURT O <input type="checkbox"/> OTHER		
HAS JURY TRIAL BEEN DEMANDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Note: Checking "Yes" does not constitute a demand for a jury trial. (See Rules 38 and 39, Ala.R.Civ.P, for procedure)		
RELIEF REQUESTED: <input checked="" type="checkbox"/> MONETARY AWARD REQUESTED <input type="checkbox"/> NO MONETARY AWARD REQUESTED		
ATTORNEY CODE: DAN034 8/5/2020 3:37:37 PM Date /s/ JEFF S DANIEL Signature of Attorney/Party filing this form		
MEDIATION REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNDECIDED		
Election to Proceed under the Alabama Rules for Expedited Civil Actions: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

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8/5/2020 3:37 PM
63-CV-2020-900738.00
CIRCUIT COURT OF
TUSCALOOSA COUNTY, ALABAMA
MAGARIA HAMNER BOBO, CLERK

IN CIRCUIT COURT OF TUSCALOOSA COUNTY, ALABAMA

BARBARA LONG,

Plaintiff,

CIVIL ACTION NO.:

**AMERICAN DENTAL PARTNERS OF
ALABAMA, LLC, dba CUMBERLAND
DENTAL; AMERICAN DENTAL
PARTNERS, INC.; THE LINCOLN
NATIONAL LIFE INSURANCE
COMPANY,**

Defendants.

COMPLAINT

1. Plaintiff, BARBARA LONG [hereinafter referred to as Plaintiff], is over the age of nineteen (19) years and is a resident of Hale County, Alabama. Plaintiff was employed at Cumberland Dental and received paychecks from “American Dental Partners” which on information and belief is a trade name for American Dental Partners of Alabama, LLC.

2. Defendant, AMERICAN DENTAL PARTNERS OF ALABAMA, LLC, dba CUMBERLAND DENTAL [hereinafter referred to as “ADPALA”], is an entity with its principal place of business in Tuscaloosa County, Alabama. ADPALA, by and through its employee, provided Plaintiff’s disability policy and is a necessary party to this action.

3. Defendant AMERICAN DENTAL PARTNERS, INC. [herein after referred to as “ADPI”] is an entity with its principal place of business in the Commonwealth of Massachusetts. Defendant ADPI is the owner of Plaintiff’s disability insurance and upon information and belief is the majority controlling member of ADPALA.

4. Defendant THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

[hereinafter referred to as “Lincoln”] is a foreign insurance corporation with its principal place of business in Indiana and doing business in Tuscaloosa County, Alabama. Lincoln issued Plaintiff’s disability policy through its agent ADPI.

A. FACTUAL ALLEGATIONS AGAINST DEFENDANTS ADPALA, ADPI AND LINCOLN

5. Plaintiff was employed by Defendant ADPALA. A portion of her compensation was provided by ADPALA and/or ADPI through a disability insurance benefit through Defendant Lincoln. Defendant ADPALA and ADPI represented and provided Plaintiff with a Core LTD Comprehensive policy and also provided a “Buy-up” LTD policy, which Plaintiff accepted as part of her compensation package.

6. Defendant Lincoln issued a Long Term Disability Income coverage for Plaintiff in consideration for the premiums paid by Plaintiff with the effective date of February 24, 2017. (See attached Exhibit “A”)

7. Upon information and belief, Defendant ADPI purchased a Group Long-Term Disability policy from Defendant Lincoln. The policy identifies a “Schedule” of multiple “participating employers”, and identifies Cumberland Dental as a participant. Plaintiff’s employer, ADPALA is not identified in the Schedule.

8. The plain language in the policy does not use the word “group”, or otherwise define or identify any federal law or regulation for the insurance policy.

9. On or about December 17, 2018, Plaintiff became unable to perform her work due to her disability. Plaintiff initially was approved for and provided with her short-term disability insurance compensation.

10. On or about January 28, 2019 Plaintiff submitted her first Long-Term Disability

claim to Lincoln.

11. On or about January 30, 2019, Plaintiff's physician wrote in his Physician's Statement that Plaintiff is substantially restricted in her ability to walk or sit during a 9-hour workday and that Plaintiff has specific restrictions for other specific actions.

12. On or about February 14, 2019 Defendant Lincoln received Plaintiff's initial claim form.

13. On or about March 15, 2019 Plaintiff received a letter from Lincoln notifying her that her request for benefits would be delayed because Lincoln needed additional information from her physician's office.

14. On or about April 15, 2019 Plaintiff received a second letter from Lincoln notifying Plaintiff that her request for benefits would be delayed because Lincoln was still reviewing her requested medical records.

15. On April 24, 2019 Plaintiff received a letter from Lincoln denying her request for benefits under her Individual Disability Income Policy alleging that Plaintiff does not meet the policy's definition of Total Disability. The April 24, 2019 letter fails to contain any directive to Plaintiff regarding any right to appeal the claim denial.

16. On July 24, 2019, Plaintiff submitted a letter asking for an appeal and seeking payment of her claim.

17. On August 6, 2019, Lincoln sent Plaintiff a copy of her claim file. The letter did not reference or acknowledge any appeal or subsequent review of Plaintiff's claim.

18. Upon information and belief, Defendant Lincoln did not assign any appeal number or otherwise create an appeal procedure for Plaintiff's claim.

COUNT I
UNJUST ENRICHMENT

19. Plaintiff adopts and realleges the allegations and averments contained in paragraphs 1 through 19 herein.

20. A portion of Plaintiff's compensation was for disability benefits approved by ADPALA. Upon information and belief, Defendant ADPI and/or ADPALA assisted Lincoln in the maintenance and administration of the terms and coverage for the disability benefits. ADPALA, represented to the Plaintiff and its employees that disability benefits would be provided should the Plaintiff and participant employees become disabled from work.

21. Upon information and belief, ADPI operated the disability Plan for the benefit of employees of ADPI's partner dental practices, including Defendant ADPALA, to attract and retain employees, including the Plaintiff. Defendants ADPALA corresponded to the Plaintiff that the disability benefits would be paid to Plaintiff upon a disability diagnosis. Plaintiff relied on ADPALA's representation as part of her compensation agreement and accepted employment with the Defendant.

22. As a proximate cause of Defendant ADPI and ADPALA's conduct, Plaintiff has been injured as described hereinabove, including loss of compensation from disability benefits and emotional distress.

23. The aforementioned acts and conduct by the Defendants ADPI and ADPALA, described in particularity hereinabove, have resulted in the Defendants' unjust enrichment to the detriment of Plaintiff.

WHEREFORE, PREMISES CONSIDERED, Plaintiff demands judgment against Defendants, ADPI and ADPALA, jointly and severally, for compensatory damages in an amount

which a jury may determine she is entitled, plus interest and costs.

COUNT II
SUPPRESSION OF MATERIAL FACTS

24. Plaintiff adopts and incorporates by reference all of the allegations contained in paragraphs 1 through 24 as if fully set forth herein.

25. Defendants ADPALA, ADPI and Lincoln fraudulently suppressed and/or concealed material facts from Plaintiff concerning her disability insurance coverage with Defendants in that they suppressed and/or concealed the facts that Plaintiff's disability claims would only be paid upon the approval of Defendant Lincoln's non-treating employee who neither saw nor treated the Plaintiff.

26. Defendants ADPALA, ADPI and Lincoln had a duty to disclose these material facts to the Plaintiff. ADPALA represented that "If you experience a covered disability LTD coverage pays up to 60% of your monthly salary ...".

27. Plaintiff relied on said misrepresentations in that she relied on the policies of insurance for disability income and relied on the representation and assurance of the disability compensation.

28. Plaintiff discovered Defendants' fraudulent suppression of material facts on or after December 17, 2019 upon her inability to work and application for disability compensation.

29. Upon information and belief, Defendants ADPALA, ADPI and Lincoln have engaged in a pattern and practice of long-term disability compensation and by denying policyholder claims based solely on the opinion of its non-treating biased physician.

30. As a proximate result of Defendants' ADPALA, ADPI and Lincoln fraudulent

suppression and/or concealment, Plaintiff was caused to be damaged by losing her disability compensation and insurance benefits, suffering stress, anxiety, emotional distress and foregoing the procurement of compensation elsewhere.

WHEREFORE, PREMISES CONSIDERED, Plaintiff demands judgment against Defendants ADPALA, ADPI and Lincoln, in such sum as a jury may deem just and proper for compensatory and punitive damages, plus interest and cost of this proceeding.

COUNT III
BREACH OF CONTRACT

31. Plaintiff realleges and incorporates by reference the foregoing paragraphs 1 through 31 and further avers as follows:

32. Defendant Lincoln entered into a contract to provide disability insurance to Plaintiff. See attached Exhibit "A".

33. Plaintiff paid premiums for the insurance "Buy-up" coverage.

34. Plaintiff was an intended participant or beneficiary of the insurance contract.

35. Defendant Lincoln has breached the disability contract by failing to perform and pay disability insurance benefits to the Plaintiff.

36. As a direct and proximate consequence of Lincoln's breach of the disability contract, Plaintiff has been injured and damaged by losing her disability insurance benefits, suffering stress, anxiety, emotional distress and foregoing the procurement of insurance elsewhere.

WHEREFORE, PREMISES CONSIDERED, Plaintiff demands judgment against Lincoln for compensatory damages and punitive damages, in an amount a jury may find she is entitled, plus interest and costs.

COUNT IV
BAD FAITH FAILURE TO PAY INSURANCE

37. Plaintiff adopts the allegations and averments of the foregoing paragraphs as if set forth fully herein.

38. Defendant Lincoln has, without just cause, failed and refused to pay Plaintiff's disability insurance benefits pursuant to the provisions of the policy issued to Plaintiff, although Plaintiff has made due demand. Therefore, Plaintiff avers that Defendant's actions violate the common law of bad faith, *Ala. Code* §27-12-24 (1975).

39. Section 27-12-24 is a statute enacted specific to the insurance industry and is applied exclusively to contracts between insurance companies and their insureds. Section 27-12-24 constitutes a state law which regulates the business of insurance.

40. Plaintiff avers that Defendant Lincoln has a duty and is obligated to pay Plaintiff's disability benefits as described in said policy.

41. Defendant Lincoln knew it did not have a reasonable basis to deny the claim. Defendant ADPI knew that the claim file contained medical information from Plaintiff's qualified medical doctor confirming Plaintiff's disabling condition.

42. Defendant Lincoln failed to properly investigate the medical opinions of Plaintiff's treating physicians and hourly restrictions for Plaintiff's work as a dental assistant.

43. Defendant Lincoln intentionally, consciously, recklessly, knowingly, maliciously and repeatedly failed to determine whether it had a legitimate or arguable reason to refuse to pay said claim for policy benefits beyond the termination date. Defendant Lincoln did not possess any legitimate or arguable reason to refuse to pay Plaintiff's disability claims.

44. As a proximate result of the aforementioned wrongful conduct of Defendant

Lincoln, Plaintiff has suffered damages under the terms of the insurance policies, incurred loss of her disability income and other damages to be shown at the time of trial. Moreover, Plaintiff has suffered anxiety, stress, worry, emotional distress, mental anguish and other damages.

45. Defendant Lincoln has acted towards Plaintiff with a conscious disregard of Plaintiff's rights, or with the intent to vex, injure, or annoy Plaintiff such as to constitute wantonness, recklessness, oppression, fraud or malice, thereby entitling Plaintiff to punitive damages.

WHEREFORE, PREMISES CONSIDERED, Plaintiff demands judgment against Lincoln for compensatory damages and punitive damages, in an amount a jury may find she is entitled, plus interest and costs.

PLAINTIFF DEMANDS TRIAL BY JURY

/s/ Jeff S. Daniel
Jeff S. Daniel (DAN034)
LAW OFFICE OF JEFF S. DANIEL, P.C.
Post Office Box 131323
Birmingham, Alabama 35213
Telephone: (205) 531-1287
Facsimile: (205) 327-5773

Attorney for the Plaintiff

Defendant Addresses for Service:

The Lincoln National Life Insurance Company
c/o Corporation Service Company, Inc.
641 South Lawrence St.
Montgomery, AL 36104

American Dental Partners, Inc.
c/o CT Corporation System
155 Federal St., Suite 700
Boston, MA 02110

American Dental Partners of Alabama, LLC
c/o CT Corporation System
2 N. Jackson St., Suite 605
Montgomery, AL 36104

PLEASE SERVE DEFENDANTS BY CERTIFIED MAIL

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CIRCUIT COURT OF
TUSCALOOSA COUNTY, ALABAMA
MAGARIA HAMNER BOBO, CLERK



Exhibit "A"

Insurance Policy

AMENDMENT NO. 9

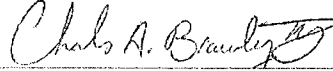
TO BE ATTACHED TO AND MADE PART OF GROUP POLICY NO.: 000010110340

ISSUED TO: American Dental Partners, Inc.

It is agreed that the above policy be replaced with the attached Policy, which is revised and dated April 1, 2016.

The effective date of this amendment is April 1, 2016; but only with respect to disabilities incurred on or after that date. Nothing contained in this amendment shall change any of the terms and conditions of this Policy; except as stated above.

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

A handwritten signature in cursive script, appearing to read "Charles A. Brantley", is written over a horizontal line.

Officer of the Company



The Lincoln National Life Insurance Company
A Stock Company Home Office Location: Fort Wayne, Indiana
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066
1-800-423-2765 Online: www.LincolnFinancial.com

In Consideration of the Application for this Policy made by

American Dental Partners, Inc.

(herein called the Policyholder)

and the payment of all premiums when due, The Lincoln National Life Insurance Company agrees to make the payments provided in this Policy to the person or persons entitled to them.

Policy No. 000010110340 Policy Effective Date: January 1, 2009.

Monthly Premium:

Monthly Core Long Term Disability Premium: 0.295 % of Total Covered Payroll per Month

Monthly Buy-Up Long Term Disability Premium: 0.205 % of Total Covered Payroll per Month

For Buy-Up Long Term Disability Insurance, the above rate is guaranteed until January 1, 2017; unless any of the Policy's terms are changed.

Policy Anniversaries will be annual beginning on: January 1, 2017

The first premium is due on this Policy's Effective Date, and subsequent premiums are due on February 1, 2009, and on the same day of each month thereafter.

This Policy is delivered in the state of Massachusetts and subject to the laws of that jurisdiction.

The Lincoln National Life Insurance Company has executed this Policy at its Group Insurance Service Office in Omaha, Nebraska this 1st day of April, 2016.

Handwritten signature of Charles A. Brantley.

SECRETARY

Handwritten signature of Dennis R. Glass.

PRESIDENT

GROUP LONG-TERM DISABILITY INSURANCE POLICY

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

GL3001-LTD-1 10

Policy Face Page

04/01/16

DOCUMENT 3

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American Dental Partners, Inc.
000010110340
SCHEDULE OF BENEFITS

ELIGIBLE CLASSES

- Class 1 Physicians
- Class 2 All Other Full-Time Employees

PARTICIPATING EMPLOYERS:

- Wisconsin Regional Resource Group
- Western New York Dental Group
- Valley Dental Group
- University Dental Associates
- Sacramento Oral Surgery
- Premiere Dental Partners
- Pennsylvania Regional Resource Group
- Orthodontic Care Specialists
- Oklahoma Dental Group
- National Resource Group
- Minnesota Regional Resource Group
- Merit Dental Lab
- Metro Dentalcare
- Lakeside Dental Care
- Improv Development Group
- Forward Dental
- Deerwood Orthodontics
- Cumberland Dental
- Chestnut Hills Dental
- Carus Dental
- California Regional Resource Group
- Associated Dental Care Providers
- American Family Dentistry
- American Dental Professional Services
- American Dental Partners Foundation
- American Dental Partners Information Services
- Advanced Dental Specialists
- 1st Advantage Dental New York
- 1st Advantage Dental New England
- Cincinnati Dental Services
- Christie Dental
- Arizona's Tooth Doctor for Kids
- Fusion Dental
- Voss Dental Lab
- Texas Tooth Doctor for Kids
- Focus Practice Consultants
- Zetasys

DOCUMENT 3

American Dental Partners, Inc.
000010110340
SCHEDULE OF BENEFITS
For
Class 1 - Physicians

MINIMUM HOURS: 24 hours per week

WAITING PERIOD: (For date insurance begins, refer to "Effective Date" section)
30 days of continuous Active Work

CONTRIBUTIONS: Insured employees are not required to contribute to the cost of the Long-Term Disability Core Benefit. Insured employees are required to contribute to the cost of the Long-Term Disability Buy-Up Benefit.

LONG-TERM DISABILITY BENEFITS

BENEFIT PERCENTAGE: 60% if Core Benefit only is elected; or 66 2/3% if Buy-Up Benefit is elected

MAXIMUM MONTHLY BENEFIT: \$10,000 if Core Benefit only is elected; or \$15,000 if Buy-Up Benefit is elected

MINIMUM MONTHLY BENEFIT: \$100 or 10% of the Insured Employee's Monthly Benefit, whichever is greater

Long-Term Disability Benefits for PRE-EXISTING CONDITIONS will be subject to the Pre-Existing Condition Exclusion on the Exclusion page.

The Maximum Monthly Benefit will not exceed the Benefit Percentage times Basic Monthly Earnings.

ELIMINATION PERIOD: 90 calendar days of Disability caused by the same or a related Sickness or Injury, which must be accumulated within a 180 calendar day period.

MAXIMUM BENEFIT PERIOD: (For Sickness, Injury or Pre-Existing Conditions): The Insured Employee's Social Security Normal Retirement Age, or the Maximum Benefit Period shown below (whichever is later).

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than Age 60	To Age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and Over	12 months

OWN OCCUPATION PERIOD means a period beginning at the end of the Elimination Period and ending 24 months later for Insured Employees.

Under the Policy Termination Section on form GL3001-LTD-10 04, Items (2) and (3) do not apply to the Buy-Up Benefit. Instead, the Company may terminate the Buy-Up Benefit under this Policy on the due date of any premium if less than 15% of those eligible for coverage are insured.

American Dental Partners, Inc.
000010110340
SCHEDULE OF BENEFITS
For
Class 2 - All Other Full-Time Employees

MINIMUM HOURS: 30 hours per week

WAITING PERIOD: (For date insurance begins, refer to "Effective Date" section)
30 days of continuous Active Work

CONTRIBUTIONS: Insured employees are not required to contribute to the cost of the Long-Term Disability Core Benefit. Insured employees are required to contribute to the cost of the Long-Term Disability Buy-Up Benefit.

LONG-TERM DISABILITY BENEFITS

BENEFIT PERCENTAGE: 60% if Core Benefit only is elected; or 66 2/3% if Buy-Up Benefit is elected

MAXIMUM MONTHLY BENEFIT: \$10,000 if Core Benefit only is elected; or \$15,000 if Buy-Up Benefit is elected

MINIMUM MONTHLY BENEFIT: \$100 or 10% of the Insured Employee's Monthly Benefit, whichever is greater

Long-Term Disability Benefits for PRE-EXISTING CONDITIONS will be subject to the Pre-Existing Condition Exclusion on the Exclusion page.

The Maximum Monthly Benefit will not exceed the Benefit Percentage times Basic Monthly Earnings.

ELIMINATION PERIOD: 90 calendar days of Disability caused by the same or a related Sickness or Injury, which must be accumulated within a 180 calendar day period.

MAXIMUM BENEFIT PERIOD: (For Sickness, Injury or Pre-Existing Conditions): The Insured Employee's Social Security Normal Retirement Age, or the Maximum Benefit Period shown below (whichever is later).

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than Age 60	To Age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and Over	12 months

OWN OCCUPATION PERIOD means a period beginning at the end of the Elimination Period and ending 24 months later for Insured Employees.

Under the Policy Termination Section on form GL3001-LTD-10 04, Items (2) and (3) do not apply to the Buy-Up Benefit. Instead, the Company may terminate the Buy-Up Benefit under this Policy on the due date of any premium if less than 15% of those eligible for coverage are insured.

DEFINITIONS

As used throughout this Policy, the following terms shall have the meanings indicated below. Other parts of this Policy contain definitions specific to those provisions.

ACTIVE WORK or **ACTIVELY AT WORK** means an Employee's full-time performance of all Main Duties of his or her Own Occupation, for the regularly scheduled number of hours, at:

1. the Employer's usual place of business; or
2. any other business location where the Employer requires the Employee to travel.

Unless disabled on the prior workday or on the day of absence, an Employee will be considered Actively at Work on the following days:

1. a Saturday, Sunday or holiday that is not a scheduled workday;
2. a paid vacation day or other scheduled or unscheduled non-workday; or
3. a non-medical leave of absence of 12 weeks or less, whether taken with the Employer's prior approval or on an emergency basis.

This includes a Military Leave or an approved Family or Medical Leave that is **not** due to the Employee's own health condition.

ANNUAL SALARY means the Insured Employee's **BASIC MONTHLY EARNINGS** or **PREDISABILITY INCOME** multiplied by 12.

BASIC MONTHLY EARNINGS or **PREDISABILITY INCOME** means the Insured Employee's average monthly base salary or hourly pay from the Employer before taxes on the Determination Date. The "**Determination Date**" is the last day worked just prior to the date the Disability begins.

It also includes:

1. Production pay averaged over 12 months.

It does **not** include commissions, bonuses, overtime pay, or any other extra compensation. It does **not** include income from a source other than the Employer. It will not exceed the amount shown in the Employer's financial records, the amount for which premium has been paid, or the Maximum Covered Monthly Earnings permitted by this Policy; whichever is less. (Maximum Covered Monthly Earnings equals the Maximum Monthly Benefit divided by the Benefit Percentage shown in the Schedule of Benefits.) Exception: For purposes of determining the Partial Disability Monthly Benefit, Basic Monthly Earnings will not exceed the amount shown in the Employer's financial records.

COMPANY means The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

DAY or **DATE** means the period of time that begins at 12:01 a.m. and ends at 12:00 midnight, standard time, at the Policyholder's place of business. When used with regard to effective dates, it means 12:01 a.m. When used with regard to termination dates, it means 12:00 midnight.

DISABILITY or **DISABLED** means Total Disability or Partial Disability.

DISABILITY BENEFIT, when used with the term Retirement Plan, means a benefit that:

1. is payable under a Retirement Plan due to disability as defined in that plan; and
2. does not reduce the benefits that would have been paid as Retirement Benefits at the normal retirement age under the plan if the disability had not occurred.

If the payment of the benefit does cause such a reduction, the benefit will be deemed a Retirement Benefit as defined in this Policy.

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 63-CV-2020-900738.00
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IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY, ALABAMA
BARBARA LONG V. LINCOLN NATIONAL LIFE INSURANCE COMPANY ET AL

NOTICE TO: LINCOLN NATIONAL LIFE INSURANCE COMPANY, C/O CORPORATION SERVICECO 641 S. LAWRENCE ST, MONTGOMERY, AL 36104
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 JEFF S DANIEL
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 2101 4TH AVENUE SOUTH, SUITE 200, BIRMINGHAM, AL 35233
(Address(es) of Plaintiff(s) or Attorney(s))

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.

☒ Service by certified mail of this Summons is initiated upon the written request of BARBARA LONG
(Name(s))
 pursuant to the Alabama Rules of the Civil Procedure.

08/05/2020 /s/ MAGARIA HAMNER BOBO By: _____
(Date) *(Signature of Clerk)* *(Name)*

☒ Certified Mail is hereby requested. /s/ JEFF S DANIEL
(Plaintiff's/Attorney's Signature)

RETURN ON SERVICE

☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
 _____ in _____ County,
(Name of Person Served) *(Name of County)*

Alabama on _____
(Date)

(Type of Process Server)

(Server's Signature)

(Server's Printed Name)

(Address of Server)

(Phone Number of Server)

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 63-CV-2020-900738.00
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IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY, ALABAMA
BARBARA LONG V. LINCOLN NATIONAL LIFE INSURANCE COMPANY ET AL

NOTICE TO: AMERICAN DENTAL PARTNERS, INC., C/O CT CORPORATION SYSTEM 155 FEDERAL ST., STE 700, BOSTON, MA 02110
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 JEFF S DANIEL
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 2101 4TH AVENUE SOUTH, SUITE 200, BIRMINGHAM, AL 35233
(Address(es) of Plaintiff(s) or Attorney(s))

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.

☒ Service by certified mail of this Summons is initiated upon the written request of BARBARA LONG
(Name(s))
 pursuant to the Alabama Rules of the Civil Procedure.

08/05/2020 /s/ MAGARIA HAMNER BOBO By: _____
(Date) *(Signature of Clerk)* *(Name)*

☒ Certified Mail is hereby requested. /s/ JEFF S DANIEL
(Plaintiff's/Attorney's Signature)

RETURN ON SERVICE

☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
 _____ in _____ County,
(Name of Person Served) *(Name of County)*

Alabama on _____
(Date)

(Type of Process Server)

(Server's Signature)

(Address of Server)

(Server's Printed Name)

(Phone Number of Server)

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 63-CV-2020-900738.00
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IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY, ALABAMA
BARBARA LONG V. LINCOLN NATIONAL LIFE INSURANCE COMPANY ET AL

NOTICE TO: AMERICAN DENTAL PARTNERS OF ALABAMA, LLC, C/O CT CORPORATION SYSTEM 2 N. JACKSON ST., STE 605, MONTGOMERY, AL 36104
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 JEFF S DANIEL
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 2101 4TH AVENUE SOUTH, SUITE 200, BIRMINGHAM, AL 35233
(Address(es) of Plaintiff(s) or Attorney(s))

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

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☒ Service by certified mail of this Summons is initiated upon the written request of BARBARA LONG
(Name(s))
 pursuant to the Alabama Rules of the Civil Procedure.

08/05/2020 /s/ MAGARIA HAMNER BOBO By: _____
(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. /s/ JEFF S DANIEL
(Plaintiff's/Attorney's Signature)

RETURN ON SERVICE

☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
 _____ in _____ County,
(Name of Person Served) (Name of County)

Alabama on _____
(Date)

(Type of Process Server)

(Server's Signature)

(Server's Printed Name)

(Address of Server)

(Phone Number of Server)

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 63-CV-2020-900738.00
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IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY, ALABAMA
BARBARA LONG V. LINCOLN NATIONAL LIFE INSURANCE COMPANY ET AL

NOTICE TO: AMERICAN DENTAL PARTNERS OF ALABAMA, LLC, C/O CT CORPORATION SYSTEM 2 N. JACKSON ST., STE 605, MONTGOMERY, AL 36104
(Name and Address of Defendant)

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 JEFF S DANIEL
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 2101 4TH AVENUE SOUTH, SUITE 200, BIRMINGHAM, AL 35233
(Address(es) of Plaintiff(s) or Attorney(s))

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

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 pursuant to the Alabama Rules of the Civil Procedure. (Name(s))

08/05/2020 /s/ MAGARIA HAMNER BOBO By: LR
(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. /s/ JEFF S DANIEL (Plaintiff)

RETURN OF

☐ Return receipt of certified mail received in this office or

☐ I certify that I personally delivered a copy of this Sumn in _____
(Name of Person Served)

Alabama on _____
(Date)

(Type of Process Server) (Server's Signature)

(Server's Printed Name)

63-CV-2021
BARBARA LONG V. LINCOLN NATION
C001 - BARBARA LONG v. **D003 - AMERICAN DENTAL PARTNERS OF ALABAMA, LLC**
(Plaintiff) (Defendant)

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees <u>8.02</u> \$ _____	Postmark Here
--	------------------

Sent To American Dental Partners of AL
 Street and Apt. No., or PO Box No. _____
 City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions
 D003 - AMERICAN DENTAL PARTNERS OF ALABAMA, LLC

SERVICE RETURN COPY

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 63-CV-2020-900738.00
--	------------------------------------	---

IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY, ALABAMA
BARBARA LONG V. LINCOLN NATIONAL LIFE INSURANCE COMPANY ET AL

NOTICE TO: AMERICAN DENTAL PARTNERS, INC., C/O CT CORPORATION SYSTEM 155 FEDERAL ST., STE 700, BOSTON, MA 02110
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 JEFF S DANIEL
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 2101 4TH AVENUE SOUTH, SUITE 200, BIRMINGHAM, AL 35233
(Address(es) of Plaintiff(s) or Attorney(s))

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 pursuant to the Alabama Rules of the Civil Procedure. *(Name(s))*

08/05/2020 /s/ MAGARIA HAMNER BOBO By: LP
(Date) *(Signature of Clerk)* *(Name)*

☒ Certified Mail is hereby requested. /s/ JEFF S DANIEL

RETURN

☐ Return receipt of certified mail received in this office

☐ I certify that I personally delivered a copy of this Summons to the Defendant.

(Name of Person Served)

Alabama on _____
(Date)

(Type of Process Server)

(Server's Signature)

(Server's Printed Name)

63-CV-2020-900738.00
 BARBARA LONG V. LINCOLN NATIONAL LIFE INSURANCE COMPANY ET AL
 C001 - BARBARA LONG
(Plaintiff)

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees 8.00	
\$	
Sent To American Dental Partners	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

(Defendant)



SERVICE RETURN COPY

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 63-CV-2020-900738.00
--	------------------------------------	---

IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY, ALABAMA
BARBARA LONG V. LINCOLN NATIONAL LIFE INSURANCE COMPANY ET AL

NOTICE TO: LINCOLN NATIONAL LIFE INSURANCE COMPANY, C/O CORPORATION SERVICE CO 641 S. LAWRENCE ST, MONTGOMERY, AL 36104
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 JEFF S DANIEL
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 2101 4TH AVENUE SOUTH, SUITE 200, BIRMINGHAM, AL 35233
(Address(es) of Plaintiff(s) or Attorney(s))

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 pursuant to the Alabama Rules of the Civil Procedure. *(Name(s))*

08/05/2020 /s/ MAGARIA HAMNER BOBO By: LP
(Date) *(Signature of Clerk)* *(Name)*

☒ Certified Mail is hereby requested. /s/ JEFF S DANIEL

RETURN

☐ Return receipt of certified mail received in this office.

☐ I certify that I personally delivered a copy of this Summons to the Defendant.

(Name of Person Served)

Alabama on _____
(Date)

(Type of Process Server)

(Server's Signature)

(Server's Print Name)

63-CV-2020-900738.00

BARBARA LONG V. LINCOLN NATIONAL LIFE INSURANCE COMPANY ET AL

C001 - BARBARA LONG
(Plaintiff)

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
Total Postage and Fees 8.00		
Sent To <u>Lincoln National Insurance Co.</u>		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		

PS Form 3800, April 2015 PSN 7530-02-000-9001 See Reverse for Instructions

(Defendant)



SERVICE RETURN COPY

CV 2020 - 900738

SUMMARY

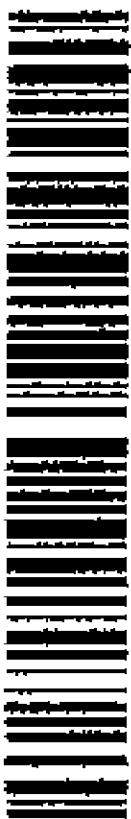
SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Lincoln National Life Insurance Co.
C/O Corporation Services
c/o S. Lawrence St.
Montgomery, AL 36104



9590 9402 5363 9189 1620 10

2. Article Number (Transfer from service label)

7019 2970 0001 9847 2208

A. Signature  ☒ Agent ☐ Addressee

B. Received by (Printed Name)  C. Date of Delivery 8-10-20

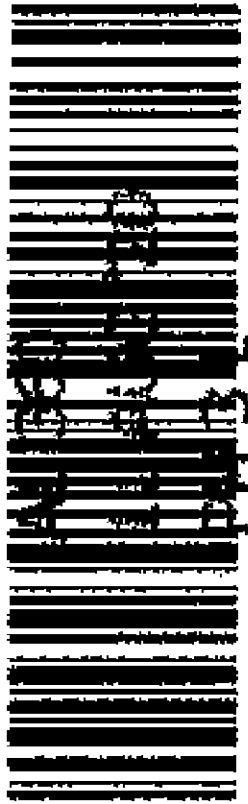
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

ALABAMA COUNTY AL 36104

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input checked="" type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Mail
Mall Restricted Delivery

USPS TRACKINGSM ERY



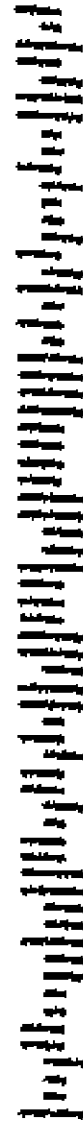
9590 9402 5363 9189 1620 10

**United States
Postal Service**

**First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10**

• Sender: Please print your name, address, and ZIP+4[®] in this box•

**JAGARIA H. BOBO
CIRCUIT CLERK
714 GREENSBORO AVE. ROOM 214
TUSCALOOSA, AL 35401**



CV 2020-900738

Summons

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

American Dental Partners, Inc
C/O CT Corporation System
155 Federal St. Ste 700
Boston, MA 02110



9590 9402 5363 9189 1620 27

2. Article Number (Transfer from service label)

7019 2970 0001 9847 2192

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

John K. A.

C. Date of Delivery

Delivery address different from item 1? ☐ Yes ☐ No

☐ No

MASSACHUSETTS
CLERK OF COURT
FISCAL OFFICE
COUNTY AL.

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☒ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

Mail Restricted Delivery

00)

☐ Priority Mail Express®

☐ Registered Mail™

☒ Registered Mail Restricted Delivery

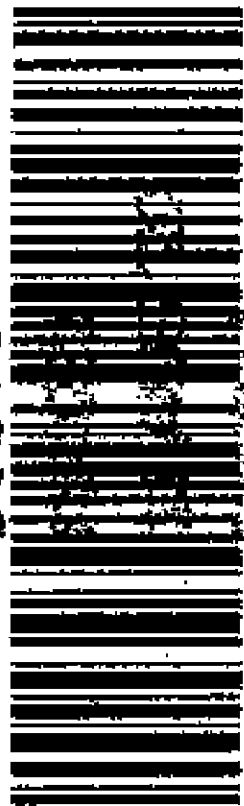
☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Restricted Delivery

USPS TRACKING#



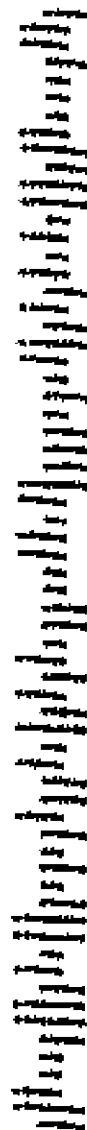
9590 9402 5363 9189 1620 27

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

MAGARIA H. BOBO
CIRCUIT CLERK
714 GREENSBORO AVE. ROOM 214
TUSCALOOSA, AL 35401



CV 2020 - 900738

Summons

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

American Dental Partners of AL
Dental Corporation System
2 N Jackson St. Ste 605
Tuscaloosa, AL 36104



9590 9402 5363 9189 1620 34

2. Article Number (Transfer from service label)

7019 2970 0001 9847 2178

A. Signature

Summers

☐ Agent
☐ Addressee

B. Received by (Printed Name)

AUG 10 2020

C. Date of Delivery

Delivery address different from item 1? ☐ Yes ☐ No

☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☒ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Priority Mail Express®

☐ Registered Mail™

☒ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

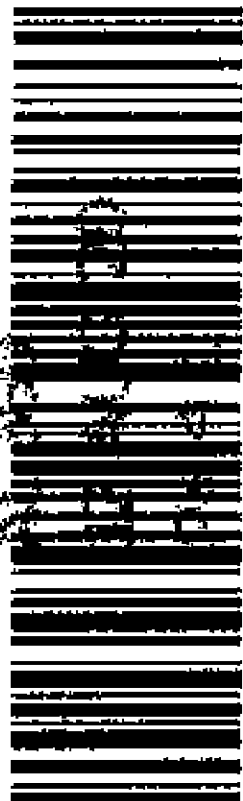
☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery

001

USPS TRACKING®



9590 9402 5363 9189 1620 34

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

JAGARIA H. BOBO
CIRCUIT CLERK
714 GREENSBORO AVE. ROOM 214
TUSCALOOSA, AL 35401

